

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028470

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7411

STATE FILE NUMBER

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
1 Month
4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis,

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis-Little Rock
Hospitals, Inc.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2614 Ohio Ave.,

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Mathew

Middle

R.

Last

Bozdech

4. DATE OF DEATH

Month

July

Day

25,

Year

1962.

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-18-1879

9. AGE (last birthday)
83

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Aast. Foreman

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
MISSOURI

12. CITIZEN OF WHAT COUNTRY
U-S-A

13a. FATHER'S NAME

WILLIAM BOZDECH

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VICTOR BOZDECH 4152 POTOMAC

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Metastasis

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Melenoma Toe

DUE TO (c)

190.7

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Nephrosclerosis, Gneralized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 21, 1962 to July 25, 1962 and last saw her alive on July 25, 1962.

Death occurred at 6:30 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED
7-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

REMOVAL JULY 28 1962

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR

Kutis Funeral Home., Inc., 2906 Gravois

25. DATE RECD. BY LOCAL REG.

JUL 28 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

St. Louis, Mo.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

9.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address Wayton 5, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.